



CITY OF ARCHDALE

307 BALFOUR DRIVE
P.O. BOX 14068
ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141

FAX: (336) 431-2130

EMPLOYMENT APPLICATION CITY OF ARCHDALE, NORTH CAROLINA

WE CONSIDER APPLICANTS FOR VACANT POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS. IT IS THE RESPONSIBILITY OF EACH APPLICANT TO NOTIFY US IF ANY REASONABLE ACCOMMODATIONS ARE NECESSARY TO ALLOW COMPLETION OF THE APPLICATION PROCESS.

(PLEASE PRINT)

Position Applied For	Date of Application
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Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Telephone Numbers:	Home		Work	
Drivers License #		State		

(Please Circle One)

Are you at least 18 years of age?
(If no, you must provide required proof of your eligibility to work.) Yes No

Have you ever filed an application with us before? *If yes, give date* _____ Yes No

Have you ever been employed with us before? *If yes, give date* _____ Yes No

Are you currently employed? Yes No

May we contact your present employer about your qualifications and work history? Yes No

May we contact your previous employer about your qualifications and work history? Yes No

Are you a male between the ages of 18 and 26?
If yes, have you registered for military service? (Proof is required.) Yes No

Are you a citizen of the United States or are you legally authorized to work in the United States? Yes No
(Proof of citizenship or immigration status will be required prior to employment.)

Do you have any relative(s) employed by this municipality? Yes No
If yes, please provide relative's name and department and indicate your relationship to that person:

Have you been convicted on an offense other than a minor traffic violation? Yes No
If yes, please explain:

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Have you ever used a name other than the one shown on this application? Yes No
If yes, please indicate name(s):

When would you be available to start work? _____

EDUCATION

SCHOOL	NAME AND LOCATION	DATES ATTENDED	GRADUATE? YES or NO	MAJOR & DEGREE If Applicable
Elementary School				
High School				
College or University				
Graduate or Professional				
Business, Trade or Military				

List any apprenticeships or vocational training.

List any professional registrations, licenses, or certifications.

List any other training, classes, or workshops you have attended that are related to the position applied for.

State any additional information you feel may be helpful to us in considering your application.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job related training in the United States military? Yes No

If yes, please describe.

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and are not former employers.

EMPLOYMENT EXPERIENCE

Start with your present or last position. Include any military service assignments and self-employment. Also, account for any gaps in employment. You may attach additional sheets as necessary. Resumes are accepted.

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release of pertinent information to the City of Archdale as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information, given in my application or interview(s), may result in discharge. I understand, also that I am required to abide by all rules and regulations of the City of Archdale.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview?

Yes

No

Remarks:

Employed?

Yes

No

Date of Employment _____

Salary _____

Job Title _____

Department _____

Authorized By:

Name and Title

Date

